

**CARES COMMISSION
SITE VISIT REPORT**

VISN 4, VA Stars and Stripes Healthcare Network

Philadelphia and Wilmington VA Medical Centers

Eastern Market Area

Date of Visit: July 10, 2003

Site(s) Visited:

Philadelphia VA Medical Center, Philadelphia, Pennsylvania

Wilmington VA Medical Center, Wilmington, Delaware

CARES Commissioners/Staff in Attendance:

Commission Vice Chairman R. John Vogel

Commissioner Vernice Ferguson

Commission Staff Team Leader Kathy Collier

Overview of Visit to Philadelphia and Wilmington VA Medical Centers:

The Philadelphia VA Medical Center employs approximately 1,584 employees. It is a tertiary center for the eastern half of the Stars and Stripes Healthcare Network, VISN 4, which includes counties in Eastern Pennsylvania, Delaware, southern New Jersey, and one county in New York. Additionally, Philadelphia VA Medical Center is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. A 240-bed nursing home care unit is present at this medical center and services include extended care rehabilitation, psycho-geriatric care, and general nursing home care.

Special programs at the Philadelphia VA Medical Center include substance abuse treatment, treatment for post-traumatic stress disorder, hemodialysis, skilled nursing home, respite care, hospital based home care, laser surgery, women's program, respiratory, and intensive care programs. High-tech diagnostic services complement the treatment modalities including MRI. Current and future clinical emphasis includes network women's program, ambulatory primary care, and comprehensive cancer center. Two Outreach Veterans Centers are located in Philadelphia.

Located 30 miles from Philadelphia is the Wilmington VA Medical Center. The only VA Medical Center in the State of Delaware, the Wilmington VA Medical Center provides primary and secondary care to the veterans served. It is a teaching health care organization and has a 60-bed nursing home care unit. For four consecutive years (1998, 1999, 2001, and 2002) this facility received the National VA Surgical Quality Improvement Program Award to recognize low morbidity and mortality in the surgical program. The Wilmington Medical Center also supports two Readjustment Counseling Centers. A Veterans Benefits Administration Regional Office, which is aligned under the

management of the Philadelphia Regional Office and Insurance Center, is located on the grounds of the Wilmington Medical Center.

Summary of Meeting with VISN Leadership:

Names and Titles of Attendees:

Mr. Lawrence Biro, Director, VA Stars and Stripes Healthcare Network, VISN 4
Dr. Gurmukh Singh, Chief Medical Officer, VISN 4
Mr. Jeff Ostroff, Communications Officer, VISN 4
Mr. Michael Sullivan, Director Philadelphia VA Medical Center
Mr. Dexter Dix, Director Wilmington VA Medical Center
Ms. Carol Patterson, Acting Associate Director, Philadelphia VA Medical Center
Ms. Kathy Gender, RN, Deputy Associate Director for Patient Care Services,
Philadelphia VA Medical Center
Dr. Michael Grippi, Acting Chief of Staff, Philadelphia VA Medical Center
Mr. Phil Hatsis, Vice President, Facilities, Philadelphia VA Medical Center
Ms. Judi Cheary, Vice President, External Affairs, Philadelphia VA Medical Center
Mr. Steve Dizel, Administrative Assistant to the Director, Coatesville, Pennsylvania
VA Medical Center
Ms. Barbara Nowell, Staff Assistant to the Director, Wilmington VA Medical Center
Dr. Morris D. Kerstein, Chief of Staff, Wilmington VA Medical Center
Ms. Kathleen Porter, Assistant to the Chief of Staff, Wilmington VA Medical Center
Dr. Brajesh Agarwal, Medical Physician Leader, Wilmington VA Medical Center
Dr. Claude Lieber, Surgical Physician Leader, Wilmington VA Medical Center
Ms. Lori Barbanel, Resources Center Leader, Wilmington VA Medical Center
Mr. William Hucker, Patient Support Services Leader, Wilmington VA Medical Center
Ms. Margaret Holmes, Outpatient Center Leader and Nurse Executive, Wilmington
VA Medical Center
Mr. Michael Rybicki, Inpatient and Extended Care Center Leader, Wilmington
VA Medical Center
Mr. Donald Althouse, Facilities Center Leader, Wilmington VA Medical Center
Ms. Joanne MacKenzie, Quality Manager, Wilmington VA Medical Center

Meeting and Tour of Facilities:

During the private meeting with Mr. Biro at the Pittsburgh VA Healthcare System site visit, Mr. Biro mentioned the proximity issue in the Eastern Market between the Philadelphia and Wilmington VA Medical Centers and the demand for a medical center in southern New Jersey. Although the VISN's original draft market plan did not include closure of any facility in the Eastern Market, Mr. Biro was asked to reexamine the proximity issue between Philadelphia and Wilmington. To date, no modification has been proposed to the original market plan to retain full missions and services at each of these Eastern Market facilities.

VISN 4 is not one of the networks that the National CARES Program Office has identified for a spinal cord injury unit market plan. Yet, Mr. Biro mentioned that the Eastern Market's market plans include expansion of the existing Spinal Cord Injury Unit in Philadelphia.

The Eastern Market of VISN 4 is expected to experience large inpatient and outpatient growth until fiscal year 2012. The out years will decrease in growth percentage but is expected to reflect high demand as compared to some other areas around the country.

Mr. Michael Sullivan, Director of the Philadelphia VA Medical Center briefed the Commissioners and Commission Staff. The Philadelphia Medical Center is a large facility, with approximately 500 beds. It is fully affiliated with the University of Pennsylvania with approximately 100 residents. Philadelphia has received approval to construct an elevated walkway between the medical center and the university. The Philadelphia Medical Center is a national leader in substance abuse treatment and treatment for mental health. It has a Parkinson's Disease Research Center as well as a center for pulmonary and sleep disorders. Mr. Sullivan explained that most of the gaps in demand for services will be resolved through expansions at the Philadelphia Medical Center and the expansion or addition of community based outpatient clinics. However, it must be noted that Philadelphia expressed its difficulty in recruiting physicians in sub-specialty areas, a problem that apparently is non-existent at the Wilmington Medical Center.

Later in the day, Mr. Dexter Dix, Director of the Wilmington Medical Center briefed the Commissioners and Commission Staff on the operation of the medical center. Wilmington is a 57-bed facility with 9 beds in the intensive care unit. It has no inpatient psychiatry and refers patients to the Coatesville VA Medical Center and Perry Point, Maryland if inpatient psychiatric services are needed. Outpatient mental health services are provided at Wilmington. A Veterans Center is also located on the Wilmington campus. The Wilmington Medical Center has no active research programs.

What did we learn?

The Eastern Market is one of two hub and spoke configurations in VISN 4 that reflect service areas and their associated referral patterns. Walking tours were conducted at the Philadelphia and Wilmington VA Medical Centers.

Overall in the Eastern Market of VISN 4, workload is increasing in inpatient medicine and outpatient primary care and specialty care. Because of the expected growth in the Eastern Market area, the VISN includes market plans for these health care areas.

Proximity to acute care is an issue for this market area. In addition to the Philadelphia and Wilmington Medical Center being well within the proximity guidelines established by the National CARES Program Office, the Philadelphia VA Medical Center is within the proximity guidelines for tertiary care hospitals with VA Medical Centers in Bronx, Brooklyn, and East Orange, New York in VISN 3 and the Baltimore Medical Center in VISN 5. Wilmington VA Medical Center is within the proximity guidelines for acute care hospitals with the Perry Point, Maryland VA Medical Center in VISN 5. In spite of these proximities, the VISN does not propose consolidation of services or change in missions to the Philadelphia and Wilmington Medical Centers.

Many of the recommendations made by this VISN in the CARES process appear to be streamlining strategies that pre-date the current CARES process. This was readily apparent as we toured the Philadelphia Medical Center, which is undergoing major construction projects at this time but these same projects can be seen in the market plans as solutions to future gaps in services. We noted that no services to patients are disrupted while these construction projects are in progress because the Medical Center has the luxury of ample swing space within the center.

Perhaps of greater concern is the inadequate parking at the Philadelphia VA Medical Center. A few years ago this facility was approved for a multi-level parking structure. However, limited funding was made available to the center and a smaller parking structure was built. However, of the parking problems that remain, the most disconcerting involves safety. We were told of a recent incident involving two veterans who engaged in an altercation over the same parking space. One of the veterans was stabbed and later died.

It is worthy to note that the Philadelphia Medical Center appears to be the benefactor of a past joint venture with the Department of Defense that was abandoned in the past few years by the Defense Department. To be more specific, the Navy Medical Unit for the Philadelphia Naval Command wanted to collaborate and co-locate medical services with the Philadelphia VA Medical Center. When the Navy later decided to downsize in Philadelphia the infrastructure established through the joint venture remained with the Philadelphia Medical Center. This VA/Department of Defense infrastructure required additional construction if to be used for patient care and the Philadelphia Medical Center is now investing in turning vacant space made available through the joint-venture into state-of-the-art health care clinics and inpatient areas.

Significant Issues to consider:

The Eastern Market in VISN 4 is experiencing increase in demand through approximately fiscal year 2012 and slow decline through fiscal year 2022. The proposed recommendations to resolve the gaps in service delivery include in-house expansion, as was already underway in the Philadelphia Medical Center, contracting for services, and new community based outpatient clinics. The VISN's market plans call for Wilmington to place greater reliance on existing contracts.

Proximity to other acute and tertiary care hospitals is an issue to consider. It is imperative that review of the market plans in VISN 3 and VISN 5 be reviewed with equal consideration to VISN 4's market plans.

Large-scale construction is approved for the near future or is already underway at the Philadelphia VA Medical Center. First review of the Eastern Market's market plans revealed construction recommendations in the CARES process. However, it appeared from the briefings and site visit that Philadelphia's construction plans pre-date the current CARES process. It might be necessary to reconcile how pre-CARES initiatives fold into the current CARES process.

The political influences in this VISN must be taken into serious consideration. It has been alluded to that the Network Director may not be as open as he could be about considerations of medical facilities in the VISN. Additionally, proposed recommendations to add community based outpatient clinics may have more to do with appeasing stakeholders than response to access issues or workload demand.

Additionally, VISN 4 is not part of the CARES model for spinal cord injury market planning. Nevertheless, it proposes to establish a spinal cord injury clinic in Philadelphia and maintenance of the positive referral relationships with neighboring VISNs for acute spinal cord injury care.

Summary of Stakeholder Meeting(s)

Mr. Biro provided welcoming remarks to a fairly large group of stakeholders and introduced the Commissioners and Commission Staff. Mr. Biro gave an overview of the purpose of the meetings. Stakeholders present primarily represented Congressional members, veteran service organizations, and state and county veteran service organizations. A large number of individuals present were from the VISN office or medical centers in the Eastern Market.

Vice Chairman Vogel gave a brief description of the CARES process from a historical perspective. He explained that many lessons were learned through that historical experience and that it is the Secretary's desire to improve the process. Part of the improvement lies within the communication and collaboration with all stakeholders. Vice Chairman Vogel explained the role of the Commission as a non-decision making body chartered by Secretary Principi. The Commission is to conduct an independent review of the CARES process and make recommendations to the Secretary regarding the Under Secretary for Health's draft national CARES plan. At the present time, the Commission has not seen the final draft plan but is in the process of learning from stakeholders the issues they feel are important to consider when the draft national plan is made public.

Topics of Discussion:

As a group, the stakeholders felt they were well versed in the issues surrounding CARES and how the market plans may impact their constituents. Everyone, especially certain staff members from the Congressional offices, were keenly interested in the next steps of CARES particularly the Commission's role in those next steps.

The group's discussions fell into the following general categories:

- **Access to Inpatient and Outpatient Care :** Many stakeholders and especially those from New Jersey strongly expressed their concerns over the CARES process not including a hospital in southern New Jersey. They questioned the dollars spent focusing on renovation of old or outdated buildings rather than enhancing delivery of health care services. Many discussed long and difficult travel barriers with a mix of individuals representing the travel issues for veterans living in rural areas and others representing travel issues encountered in urbanized areas. Many stakeholders were in favor of expanding or establishing new

community based outpatient clinics, particularly in rural areas that make travel treacherous during winter months. Many others explained the lack of public transportation especially from non-urban areas. Travel barriers of various kinds were a repeated theme from the stakeholders in the Eastern Market.

- **Optimization of Resources/Consolidation of Services:** All stakeholders especially those representing members of Congress understood the logic of gaining financial and operational efficiencies through consolidation of services and even closure of small facilities. However, and again the staff members from the Congressional offices were adamant that no closures should occur in the Eastern Market; no additional cutbacks or consolidation of services should take place; and absolutely no transfer of services to other VISNs should take place. They are concerned where veterans will receive care if small facilities aren't around.
- **Specialty Care:** More than one stakeholder was well versed in the CARES process' lack of attention to the future of VA mental health to include attention to behavior health issues, such as consequences to addictions. Women veterans health care was a concern for the female stakeholders in attendance. Women veteran stakeholders asked the Commissioners to pay special attention to the impact the CARES process may have, unintended or intended, on women veterans' health care programs and on homeless women veterans programs.
- **Communications/Stakeholder Involvement:** Stakeholders were positive about local VA management and most felt they have been included in the CARES process thus far. They look forward to being included in the formal hearing process on August 28, 2003.
 - NOTE: During our discussions with network and facility leadership, we were told that the both unions and academic affiliates were intensely interested in the future of health care in the Stars and Stripes Healthcare Network. However, we note that not one representative from any medical school affiliation or labor partner participated in the stakeholders' meeting although we were advised they were included on the list of invitees.

Exit Briefing with VISN Leadership:

- There was no exit briefing at the conclusion of the visit to the Eastern Market in VISN 4.

Vice Chairman Vogel, Commissioner Ferguson and Commission Staff Member Collier, expressed gratitude for the hospitality extended them during this learning experience. Additionally, Commissioners and Staff expressed special thanks and appreciation to all the behind the scenes staff who helped make this visit a valuable experience.

Outstanding Items/Questions/Follow-up: None.

Attachments:

1. PowerPoint Presentations Director, Philadelphia VA Medical Center, received July 10, 2003

2. PowerPoint Presentation and Pamphlet, Director, Wilmington VA Medical Center, received July 10, 2003
3. List of Attendees at Stakeholders Meeting in Philadelphia
4. Letter signed by Federal Congressional Delegates from Delaware:
Senators Joseph Biden and Thomas Carper
Representative Michael Castle
5. Letter signed by Federal Congressional Delegates from New Jersey
Representatives Frank LoBiondo and Christopher Smith
6. PowerPoint Presentation from General Cecil Hengeveld, Department of Military and Veterans Affairs, Commonwealth of Pennsylvania (received via email on July 11, 2003)

Approved by: R. John Vogel, Vice Chairman
Commissioner Vernice Ferguson
August 1, 2003

Prepared by: Kathy Collier, CARES Commission Staff Team Leader
July 27, 2003